Billing & CPT Quick Guide — Outpatient Psychologists

A one-page reference for everyday billing questions

At-a-Glance Timing Guide

Code	Description	Time Range
90832	Brief psychotherapy	16–37 minutes
90834	Standard psychotherapy	38–52 minutes
90837	Extended psychotherapy	53+ minutes
90791	Diagnostic evaluation (no medical services)	—
90792	Diagnostic evaluation with medical services	—
90846	Family therapy without patient present	—
90847	Family therapy with patient present	—
90785	Interactive complexity (add-on)	Verify payer rules
96127	Brief emotional/behavioral assessment (PHQ-9)	—

Quick Rules

90834 vs 90837:
Use the code matching your typical session time. If 53+ minutes, use 90837 with clinical justification in the note.

Family codes:
90846 = patient NOT present. 90847 = patient IS present.

Add-on 90785:
Document the specific interactive complexity (communication barrier, play therapy, translator). Check payer policies before billing.

Documentation:
Record start/stop time, total minutes, and clinical content for every session. Required for audits.

Common Billing Scenarios

1. 45-min individual therapy
90834 + clinical note documenting minutes

2. 60-min therapy with play/translator
90837 + consider 90785 (document why)

3. Diagnostic intake + testing follow-up
90791 (intake) + test admin codes per payer policy

Super-Bill Checklist — What the Insurer Needs

- ■ Patient name, DOB, subscriber/member ID
- ■ Provider name, NPI, Tax ID, taxonomy code, practice address
- ■ Date of service, CPT code(s), units, ICD-10 diagnosis
- ■ Fee charged, payments received, balance due
- ■ Provider signature and credential line

Red Flags & Payer Caveats

Always verify payer rules — some insurers restrict add-ons or require modifier use. This is a quick guide, not legal or billing advice.